DISCUSSION DOCUMENT, MINISTER'S ADVISORY COMMITTEE

YOUR VIEWS

The Child, Youth and Family Services Act Consultation Paper
Minister's Advisory Committee

Fall 2004

The mission of the Department of Health and Community Services is to ensure access to services and programs that facilitate optimal health in Newfoundland and Labrador. *The Child, Youth and Family Services Act*, proclaimed January 5, 2000, introduced statutory provisions to fundamentally shift child welfare service delivery in Newfoundland and Labrador from remedial approaches to prevention and early intervention. The Act also responded to gaps in services that were identified in an extensive child welfare review completed in 1996/97. These included: the provision of clearly articulated principles, Family Services, Expansion of Services to Youth aged 16-17, Alternate Dispute Resolution, Court Provisions, and Accountability Measures.

The Accountability Measures in the Act require that a Minister's Advisory Committee (MAC) be established with the mandate "to review every two years the operation of this Act and to report to the Minister concerning its operation and stating whether, in its opinion, the principles and purpose of the Act are being achieved". While preliminary consultations have already occurred, the MAC is inviting stakeholders, including service providers, community organizations, and children, youth and families to participate in a more extensive review. The different ways to provide feedback are outlined below in this document. In addition, we will be holding extensive stakeholder and client consultation processes throughout the province in Fall, 2004. The MAC will file its report to the Minister before the first sitting of the House of Assembly in 2005.

The preliminary consultation process has guided the development of the themes and issues in this consultation paper. However, comments regarding other themes and issues are also encouraged. The committee needs to know what is/is not working, and why, and be able to bring forth recommendations for changes and/or improvement in the *Child, Youth and Family Services Act*.

In the interest of getting the most comprehensive feedback from individuals, the committee welcomes open and frank input from stakeholders and clients. Your confidentially and anonymity will be respected by the committee.

We thank you for your participation in this very important consultation and look forward to hearing your views.

Sincerely,

Elizabeth Marshall

Minister
Health and Community Services

Des Dillon

Chairperson
Minister's Advisory Committee

HOW TO PROVIDE YOUR VIEWS

The Minster's Advisory Committee is interested in your views. There are several ways to express your views. You can:

1. Use the tear-off section of this paper and mail it to:
Minister's Advisory Committee
P.O. Box 8715
St. John's, NL A1B 3T1
2. Provide more detailed feedback in the form of a brief if this is more convenient.
3. Visit our website and provide your comments online. The website address is:
http://www.gov.nl.ca/health/publications/mac
4. Call our 1-866- 729-2368 toll free number to provide your comments.
5. Attend a consultation meeting in your region. For a schedule of meetings in your region, call 1-866- 729-2368 toll free.

Your Confidentiality is Our Concern
You do not need to provide your name. If you decide to provide your name, it will not be associated with any comments you wish to offer without your prior authorization.

Committee Membership - The following appointments to the Committee have been made:

Des Dillon (Chair of MAC)
Board Chair, Health and
Community Services
Central Region

Ken Barter
Professor
School of Social Work, MUN

Barbara MacAdam
Area Director/Staff Solicitor
NL Legal Aid Commission, Gander

Ivy Burt
Provincial Director
Child, Youth and Family Services
Dept. of Health & Community Services

Steve Kent
Executive Director
Big Brothers, Big Sisters

Gloria Harris
Caregiver/Foster Parent
Central NL

Cathy Earles
HIV/AIDS Labrador Project
Goose Bay

Carla Conway
Early Childhood Educator
Lawrence College, St. John's

Rose Gregoire
Aboriginal Representative
Sheshatshiu, Labrador

Margaret Bachman
Consumer Representative
Western Region

INTRODUCTION

Recognizing that the child welfare program and legislation were outdated, an extensive review of the *Child Welfare Act* was conducted during late 1996 and early 1997. The legislation was over 40 years old and it had not kept pace with the changing needs of children and society. In addition, current knowledge and best practices regarding services to children, youth and families were not reflected in existing policy and legislation. The review report, entitled *Towards the 21st Century: A Review of Child Welfare Programs and Legislation* formed the basis for the new legislation, known as the *Child, Youth and Family Services Act*, proclaimed January 5, 2000.

The new Act introduced statutory provisions to fundamentally shift child welfare service delivery from remedial approaches to a focus on prevention and early intervention. The Act also responded to gaps in services that were identified in the 1996/97 child welfare review. These gaps included: the provision of clearly articulated principles, Family Services, Expansion of Services to Youth aged 16-17, Alternate Dispute Resolution, Court Provisions, and Accountability Measures. In keeping with the shift in service delivery from government to Health and Community Services/Integrated Boards, responsibility for the delivery of the Act rests with these Boards.

General Principles of the *Child, Youth and Family Services Act* Section 7

(a) the overriding and paramount consideration in any decision made under this Act shall be the best interests of the child;

(b) every child is entitled to be assured of personal safety, health and well-being;

(c) the family is the basic unit of society responsible for the safety, health and well-being of the child;

(d) the community has a responsibility to support the safety, health and well-being of a child and may require assistance in fulfilling this responsibility;

(e) prevention activities are integral to the promotion of the safety, health and well-being of a child;

(f) kinship ties are integral to a child's self-development and growth and if a child's safety, health and well-being cannot be assured in the context of the family, the extended family shall be encouraged to care for the child provided that a director can be assured that the child's safety, health and well-being will not be at risk;

(g) the cultural heritage of a child shall be respected and connections with a child's cultural heritage shall be preserved; and

(h) in the absence of evidence to the contrary, there shall be a presumption that a child 12 years of age or over is capable of forming and expressing an opinion regarding his or her care and custody.

KEY ISSUES AND THEMES

Prevention and Early Intervention

Prevention and early intervention is a fundamental tenet of the *Child, Youth and Family Services Act*. This focus supports Government's intention to move from remedial approaches to prevention and early intervention strategies with services delivered by community-based boards. The legislation supports a continuum of responses to meet the needs of children, youth and families in their communities. This focus is also supported by the principles articulated in the Act.

The Act is intended to be proactive in providing comprehensive, integrated services to children, youth and their families within their own communities. Service and program delivery are intended to support the move toward programs which are coordinated, delivered through community-based organizations, and have a prevention and early intervention focus.

The prevention and early intervention responses envisioned in the Act include support to children, youth and families though the provision of voluntary family services.

Prevention and early intervention also reflect the desire to move to interprofessional approaches to address root causes and to build the capacity of individuals and communities for greater self-reliance and a sense of health and well-being. Community support and partnerships are critical factors in building support networks, as well as availability of community-based services to support children, youth and families. The move to devolve services to Health & Community Boards/Integrated Boards was intended to allow for the establishment of these partnerships within communities.

Questions for Discussion

1. What initiatives are occurring to promote the focus on prevention and early intervention in your region?
2. What challenges exist? What are your views regarding how these challenges can be overcome?
3. What further initiatives are required to support a focus on prevention and early intervention?
4. What role should the community (at any level) play and how should communities be engaged?
5. How will we know we have been successful in the area of prevention an early intervention services to children, youth and families?

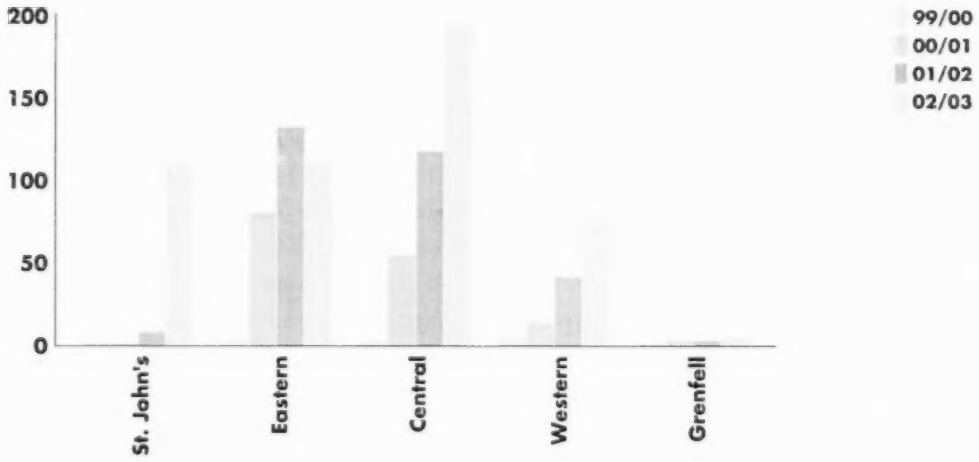
Family Services

Principles in the Act that support the provision of Family Services:
7(b) every child is entitled to be assured of personal safety, health and well being.
7(c) the family is the basic unit of society responsible for the safety, health and well being of the child.
7(e) prevention activities are integral to the promotion of the safety, health and well being of the child.
8(b) services shall be provided using the least intrusive means possible.
8(d) families shall be informed of the services which may be available to them to assist them in supporting a child's safety, health and well being.

The Family Services Program was established as a result of the *Child, Youth and Family Services Act*. It is a voluntary program that envisioned the provision and linking of services to children, youth and families to promote their safety, health and well being. It builds on the prevention and early intervention philosophy embedded in the principles of the Act.

Services are provided using the least intrusive means of intervention. Services are generally provided by:
1. Social workers in Health and Community Services/Integrated Boards
2. Referral to community-based partners and organizations and/or are contracted on behalf of families.

Family Services Program
Regional Totals



Family Services Program
Provincial Summary

•Graphs reflect totals over four fiscal years from 1999-2000 to 2002-2003 for five Regional and Integrated Health and Community Services Boards.

• The fiscal year 1998-1999 does not apply as the Family Services Program was not introduced until January 5, 2000.

• Totals include new, re-opened, transferred in/out and closed Family Services Programs.

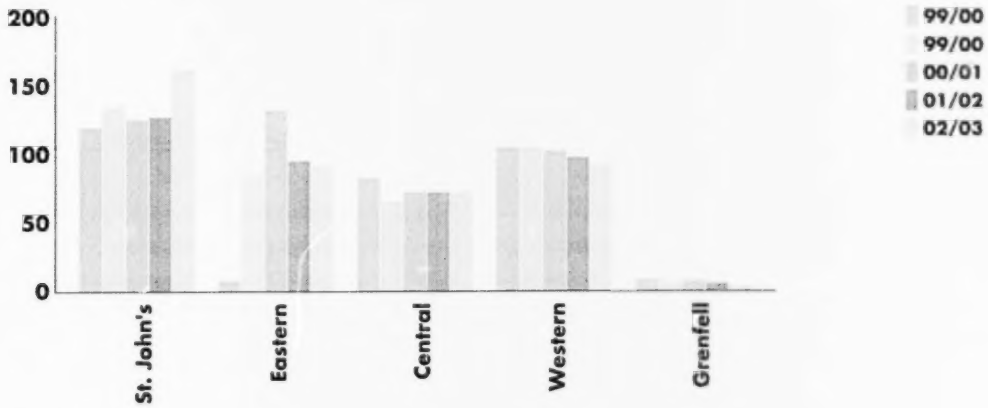
• See Appendix A for the statistics for Health Labrador Corporation. The statistics for Health Labrador Corporation are not reflected in the provincial summaries.

The Child Welfare Allowance and Voluntary Care Agreement are elements of the continuum of services provided under the Family Services Program. The services available to children, youth and families lie along a continuum ranging from very informal social support services to intensive professional assessment and therapy.

Child Welfare Allowance

The purpose of the Child Welfare Allowance program is to provide support and financial services to relatives or significant others who have a relationship with a child and who are willing and capable of providing care to a child, who is in need of protective intervention. If these relatives or significant others were not available, the child would be placed in an approved caregiver home. Maintaining close relationships which are significant in a child's life is an important aspect of this program.

Child Welfare Allowance
Regional Totals



Child Welfare Allowance
Provincial Summary

• Graphs reflect workload over five fiscal years for five Regional and Integrated Health and Community Services Boards.

• Totals include new, re-opened, transferred in/out and closed Child Welfare Allowance Cases.

• See Appendix A for the statistics for Health Labrador Corporation. The statistics for Health Labrador Corporation are not reflected in the provincial summaries.

The provision of Family Services was envisioned to be provided by a well-developed network of professionals and community-based organizations working together to provide coordinated services. It is within the context of the community that children, youth and families live and look for support in meeting their needs.

Services required are determined in collaboration with children, youth, families, communities and/or relevant organizations. These services are documented in a clearly worded service agreement.

Questions for Discussion

1. What has been the impact of the family service provision for children, youth and families in your region? What initiatives are in place to support these provisions?
2. What are the challenges to providing responsive and accessible services to children, youth and families in your region? What are your views regarding how these challenges can be overcome?
3. How have partnerships among professionals and community-based organizations been developed to support services to children, youth and families in your region? What new partnerships are required?
4. How can the provision of family services to children, youth and their families remain responsive and equitable?
5. How should progress in providing services to children, youth and their families be monitored?

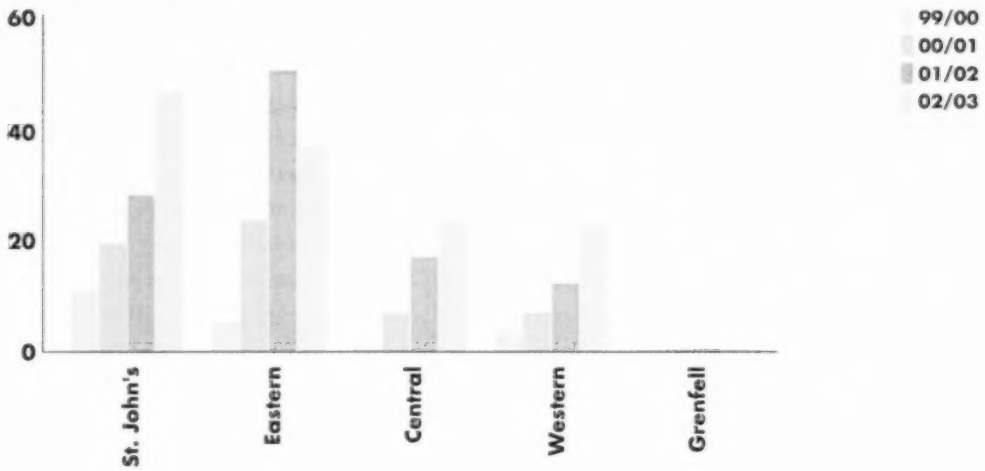
Expansion of Services to Youth (16-17 years)

The Act extends services on a voluntary basis to youth from age 16 up to and including their 18th birthday. Prior to the implementation of the Act, there were no legislative provisions to provide services to this age group; services were limited to an extended care agreement for youth who were in the care of the Director before their 16th birthday. The review of the former Child Welfare Act noted that this age group represented a significant gap in the service delivery structure.

Services are offered on a voluntary basis to youth and their family members with the primary focus being the safety, health and well being of the youth. In keeping with this focus, every effort must be made to facilitate family preservation/reunification where it is in the best interest of the youth.

Services provided may be either non-residential or residential in nature.
Non-residential services may include a range of services including counselling, mediation, and/or other services provided under Section 10 of the Act.

Youth Services - Non Residential Program
Regional Totals



- Graphs reflect totals over four fiscal years from 1999-2000 to 2002-2003 for five Regional and Integrated Health and Community Services Boards.
- The fiscal year 1998-1999 does not apply as the Youth Services - Non Residential Services Program was not introduced until January 5, 2000.
- Totals include new, re-opened, transferred in/out and closed Youth Services - Non-Residential Programs.

• See Appendix A for the statistics for Health Labrador Corporation. The statistics for Health Labrador Corporation are not reflected in the provincial summaries.

Residential services are intended to assist youth in securing and maintaining suitable living arrangements, with either a plan to return home or to move to independent living. These services may be provided under Section 11 of the Act through the signing of a Youth Care Agreement where it is determined that a youth can no longer remain in the family home. The signing of this Agreement does not constitute a care or custodial arrangement. Service agreements must be completed with all youth and/or their families.

Youth Services - Non Residential Program
Provincial Summary

• Graphs reflect totals over four fiscal years from 1999-2000 to 2002-2003 for five Regional and Integrated Health and Community Services Boards.
• The fiscal year 1998-1999 does not apply as the Youth Services - Residential Services Program was not introduced until January 5, 2000.
• Totals include new, re-opened, transferred in/out and closed Youth Services - Residential Programs.
• These graphs represent youth, aged 16-18, who did not transfer from the In Care/Custody Program to the Youth Services Program on their sixteenth birthday.
• See Appendix A for the statistics for Health Labrador Corporation. The statistics for Health Labrador Corporation are not reflected in the provincial summaries.

Youth Care Agreements Section 11(1)
A Director or social worker may make a written agreement for services with a youth who:
(a)cannot in the opinion of the Director or social worker remain with or be re-established in the youth's family, temporarily or permanently; or
(b)has no parent or other person willing to provide care to the youth.

One of the underlying goals of the Youth Services Program is to assist young people in a successful transition to adulthood. An underlying empowerment philosophy is provided in the Act; a belief that youth can make decisions that directly affect their own lives; decisions that may impact future health and well-being

Questions for Discussion

1. How has the expansion of Youth Services impacted youth and their families in your region?
2. What are the challenges to providing responsive and accessible services to youth in your region? How can these challenges be overcome?
3. What community partnerships have been developed to support services to youth in your region? What new partnerships are required?
4. How can the provision of services to youth and their families remain responsive and equitable?
5. How should progress in providing services to youth be monitored?

Alternate Dispute Resolution

The Act provides for voluntary Alternate Dispute Resolution (ADR) mechanisms such as mediation, pre-trial settlement conferences and family group conferences. The provision of ADR mechanisms is consistent with principles described in the Act, particularly that services be provided using the least intrusive means of intervention. Families should be encouraged to participate in the identification, planning, provision and evaluation of services available to them.

Alternate dispute resolution is suited for situations where there may be conflict between a family and the intervention planned by the Director of Child, Youth and Family Services. Alternate dispute resolution provisions are intended to allow for alternatives to the court process, which is often seen as adversarial.

The legislative mandate to implement ADR mechanisms exists in the Act but have yet to be implemented. Research, education, and program/policy development is required to support the enactment of this provision.

Section 13

A Director or social worker may use alternate dispute resolution mechanisms to resolve a conflict, including family group conferences, pre-trial settlement conferences and mediation.

Pre-trial Settlement Conference - Definition

A pre-trial settlement conference is a meeting before a judge in which the parties to a hearing attempt to resolve all or some aspect of matters in contention and to narrow the issues, thereby leading to shorter and more focused court hearings.

Family Group Conference

A family group conference is a meeting for members of a family and others who have information regarding a family to discuss what needs to be done to provide for the safety and well being of a child. It supports families in developing their own solutions. Social workers and families work together to reach agreement on how to keep a child safe within the family group. It is a means of balancing the child's need and right to be safe with the need and right to be in a family.

Mediation

According to Rule 37A.01(b) of the Rules of the Supreme Court, 1986, "mediation" is defined as a process of discussion between parties, and their solicitors if the parties are represented, under the direction of a neutral third party with a view to facilitating communication among the parties to assist them in reaching a mutually acceptable resolution of some or all of the issues in dispute. In the Child Youth & Family Services program, it could assist parties to clarify the issues and work out the details of an agreement that is in the best interest of the child, and this agreement would be mutually acceptable.

Questions for Discussion

1. What ADR mechanisms (formal or informal) have been used in your region? If so, what were the strengths and limitations of these approaches?
2. What role could ADR have in resolving conflicts resulting from protective intervention cases in your region?
3. What impact would ADR have on children, youth and families in your region?
4. What are the best approaches for developing ADR mechanisms in the province?

Court Provisions

The *Child, Youth and Family Services Act* legislates time frames for the Courts to hear and rule on protective intervention cases. These time frames mandate:

- Presentation Hearings occur within 10 days of filing a protective intervention application before the courts;
- Protective Intervention Hearings occur within 20 days of a presentation hearing; and
- Time limits for temporary orders.

These time frames are intended to:

1. Provide timely response for court hearings for children who have been removed from their families; and
2. Limit periods of time that children can be in care.

The principles of the Act reflect a recognition that decision-making delays affect the timeliness of providing services to children and its impact on effective permanency planning.

Time limits under the Act have been developed in consideration of a child's need for stability and permanence. Generally, the younger the child, the shorter the period he/she may remain in care without a permanent and stable home being identified. Section 36(1) of the Act states for example, that a child under the age of five can receive a maximum of 3 three month temporary orders. For a child twelve years of age and older, a temporary order may be requested for 6 months, with a maximum of three orders in total.

Presentation Hearing:

A presentation hearing is a preliminary hearing held informally before a judge to narrow the issues and provide direction to the parties. It is an important prelude to the protective intervention hearing and may result in a final order being made by a judge, removing the necessity for a protective intervention hearing.

Protective Intervention Hearing:

A protective intervention hearing is held after a presentation hearing if the matter has not been resolved at the preliminary hearing. At these proceedings, a judge will hear evidence and give a final order with respect to the application before the court.

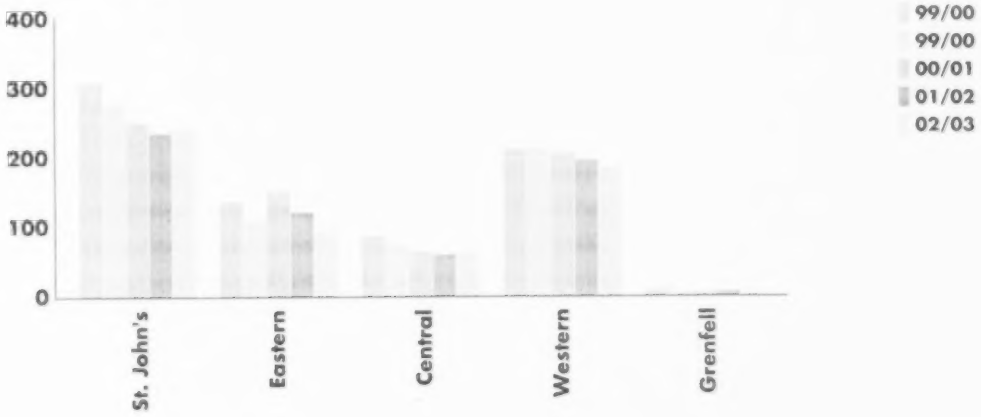
Questions for Discussion

1. What are the issues and challenges in adhering to the legislated time frames and time limits?
2. What must occur to enable consistent compliance with legislated time frames and time limits?
3. Do the time frames and time limits support timely decisions, stability and permanence for children?

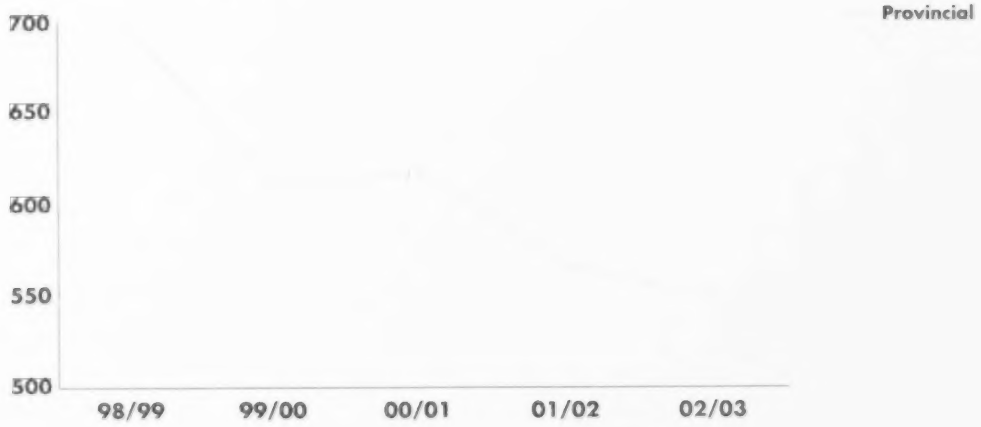
Permanency Planning and Placement of Children

Permanency planning is the framework for providing services to children, youth and their families. This framework reflects the basic assumption that all children have a right and a need to have a permanent family environment. Decisions regarding placement of children in care should be undertaken with the goal that every child in care has a permanent home. Planning must be completed in partnership with children, youth, their families, significant others and the community. It is based on the principle that children should not remain in the 'in care' system for any longer than is absolutely necessary.

In Care / Custody Program
Regional Totals



In Care / Custody Program
Provincial Summary

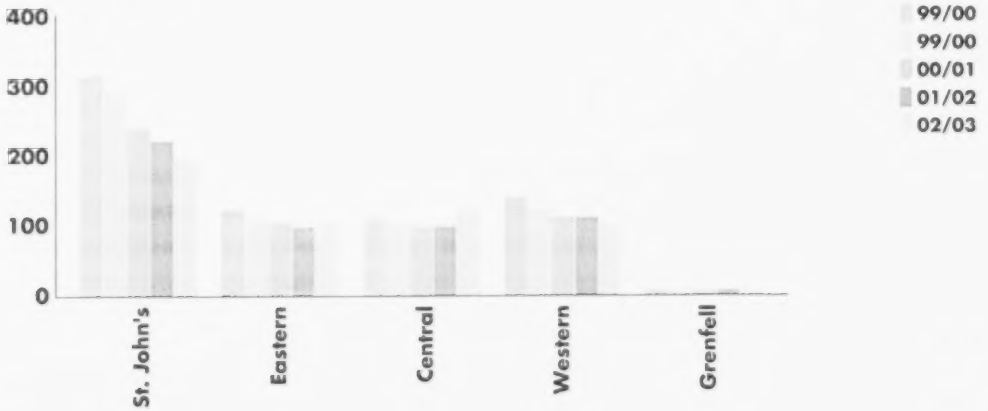


• Graphs reflect totals over five fiscal years for five Regional and Integrated Health and Community Services Boards.
• Totals include new, re-opened, transferred in/out and closed In Care/Custody Cases.
• See Appendix A for the statistics for Health Labrador Corporation. The statistics for Health Labrador Corporation are not reflected in the provincial summaries.

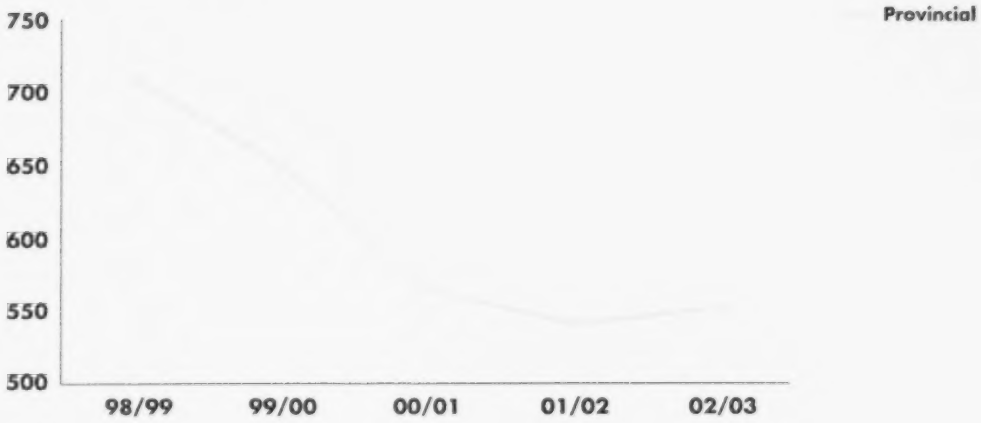
Maintaining continuity of relationships with extended family members and a child's community is recognized as being important. As a result, efforts are made to recognize cultural heritage, and to place children who are in the care of the Directors of Child, Youth and Family Services, with relatives and within their communities.

When circumstances are such that children require protective intervention in the form of placement, the placement should be conducted in the least intrusive manner possible and in accordance with the best interests of children, as described in the Act. Considerations for placement can include placement with immediate family resources, significant others, and other caregiver resources.

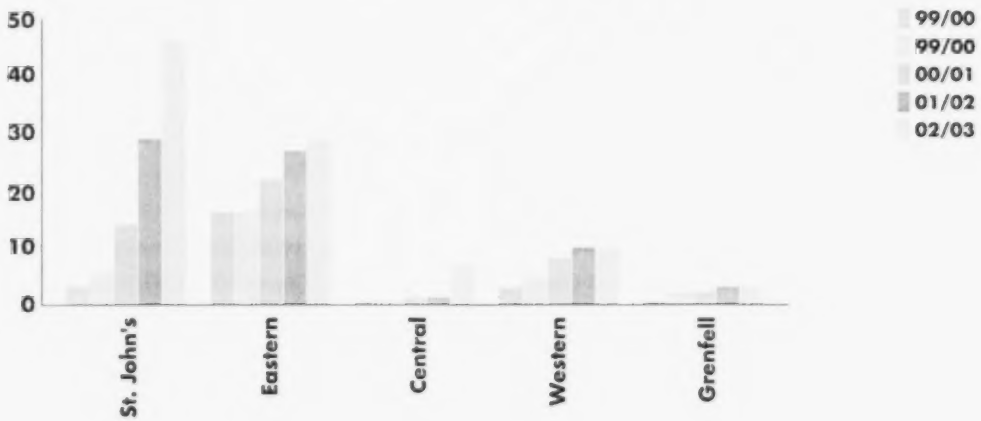
Care Giver Homes - Non Relative
Regional Totals



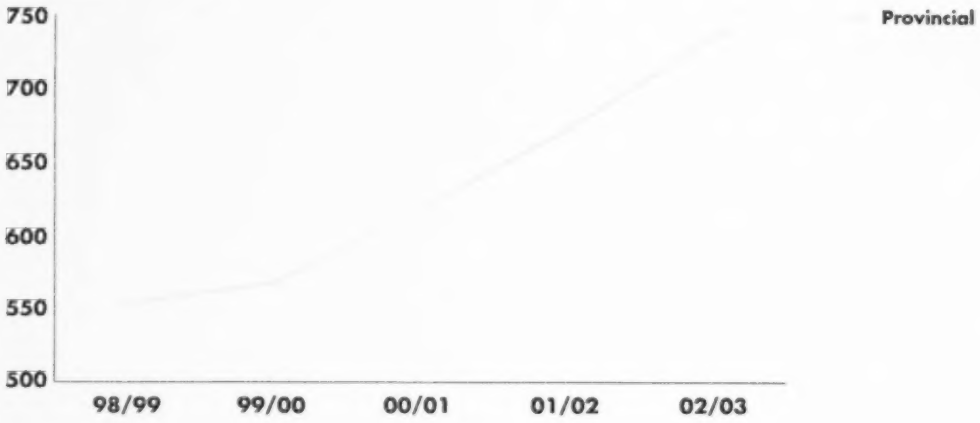
Care Giver Homes - Non Relative
Provincial Summary



Care Giver Homes - Family / Significant Others
Regional Totals



Care Giver Homes - Family / Significant Others
Provincial Summary



• Graphs reflect totals over five fiscal years for five Regional and Integrated Health and Community Services Boards.
• Totals include new, re-opened, transferred in/out and closed Caregiver Home Programs.
• See Appendix A for the statistics for Health Labrador Corporation. The statistics for Health Labrador Corporation are not reflected in the provincial summaries.

Section 9: Best Interest Principles
All relevant factors shall be considered in determining a child's best interest, including:
(a) a child's safety;
(b) the child's developmental needs;
(c) the child's cultural heritage;
(d) where possible, the child's views and wishes;
(e) the importance of stability and continuity in the child's care;
(f) the continuity of a child's relationship with his or her family, including siblings or others with whom the child has a significant relationship;
(g) the child's geographic and social environment;
(h) the child's supports outside the family, including child care and the school environment; and
(i) the effect upon the child of a delay in the disposition of a judicial or other proceeding with respect to the child.

There is accountability within the legislation to monitor and plan for children who are removed from their homes. Regional Custody Review Committees, legislated in the Act, are mandated to review all plans of care for children in continuous custody on an annual basis.
This external review process supplements ongoing internal review processes within Health and Community Services/Integrated Boards.

Questions for Discussion

1. How does the Act strengthen permanency planning for children?
2. What are the challenges to effective permanency planning? How can these challenges can be overcome?
3. How can progress in permanency planning and facilitating continuity of relationships for children be monitored?

Mandated Interventions

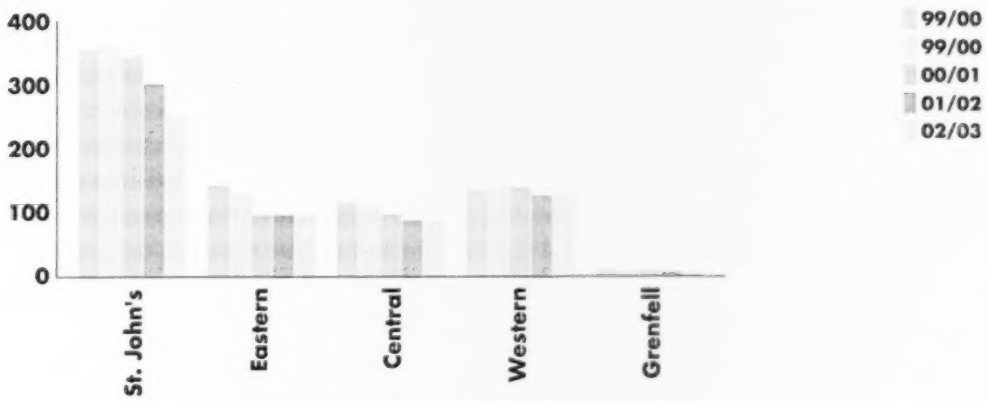
The Protective Intervention Program, mandated under the *Child, Youth and Family Services Act* provides social workers with the authority to intervene, assess, and secure the safety, health and well being of a child in accordance with the principles outlined in the Act. Section 14 of the *Child, Youth and Family Services Act*, defines a child in need of protective intervention. Unlike the previous legislation, Section 14 focuses on interventions within a family following the identification of abuse or neglect. The current legislation supports a variety of responses to protect children. This was seen as a shift in how services had historically been provided to children and families. There was a recognition of the significant intrusive powers of the state and mandated interventions are provided only where it is determined that a child is in need of protective intervention.

The term 'neglect' was removed from the definitions of a child in need of protective intervention. Neglect was seen as a punitive and blaming term, often resulting from factors such as poverty and, over which families have very little control. The terminology was replaced with child abuse and maltreatment which would apply strictly to those cases where there is clearly an identified child in need of protective intervention.

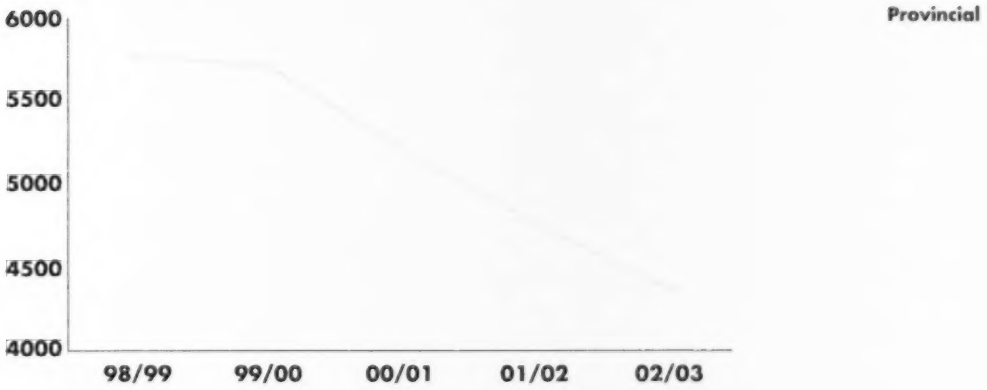
The continuum of services offered to families include, but are not limited to, 'counselling, child care services, babysitting, transportation and social work services.' The Act promotes the general principles that children belong with their families and that services should be provided to ensure that any relevant issues impacting on the child and the family are addressed. The safety, health and well being of a child is of paramount consideration in any interventions with families.

The Province uses a risk management system that standardizes these processes to ensure a comprehensive approach to assessment of risk to children and to facilitate clinical decision-making.

Protective Intervention Program - Children
Regional Totals

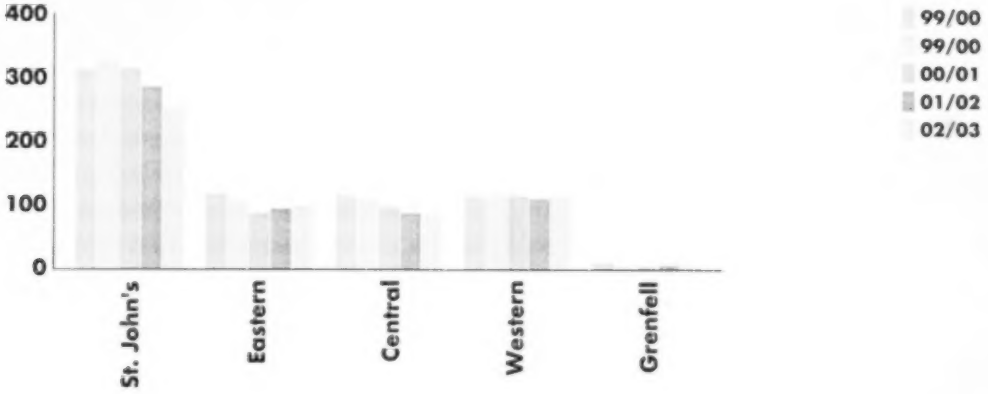


Protective Intervention Program - Children
Provincial Summary

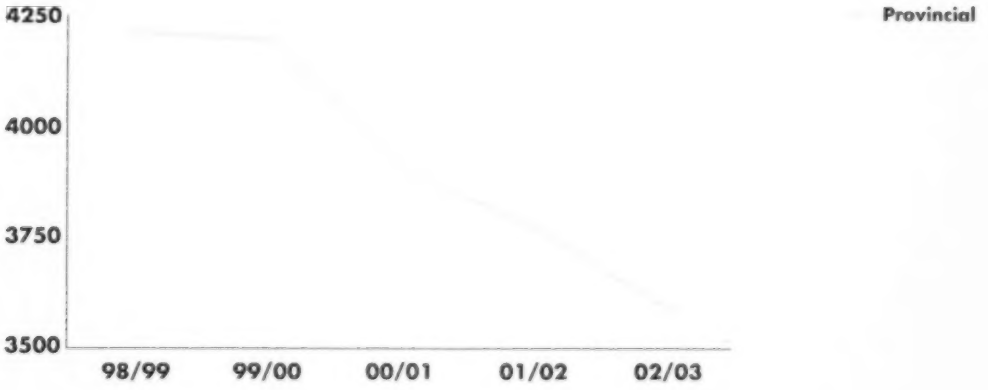


- Graphs reflect totals over five fiscal years for five Regional and Integrated Health and Community Services Boards.
- Totals include new, re-opened, transferred in/out and closed Protective Intervention Programs.
- See Appendix A for the statistics for Health Labrador Corporation. The statistics for Health Labrador Corporation are not reflected in the provincial summaries.

Protective Intervention Program - Families
Regional Totals



Protective Intervention Program - Families
Provincial Summary



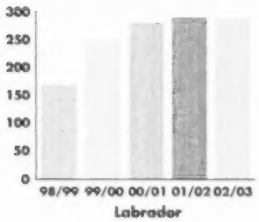
Questions for Discussion

1. Identify any significant shifts in service delivery that occurred under the protective intervention program in your region. What has the impact been?
2. Does Section 14 of the Act clearly define what it means to be a child in need of protective intervention? If not, what challenges are being experienced in this regard? What are your views regarding how these challenges can be overcome?
3. How can progress in assuring the safety, health and well being of a child be monitored?

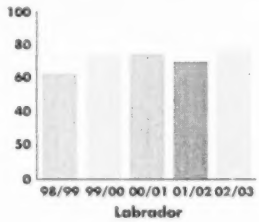
APPENDIX A

Statistics for Health Labrador Corporation

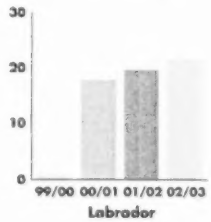
Child Welfare Allowance



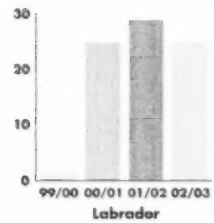
In Care/Custody Program



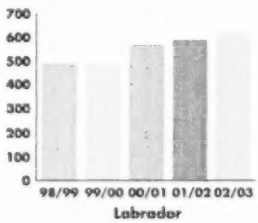
Youth Services - Non Residential Program



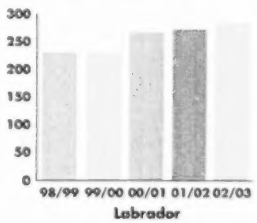
Youth Services - Residential Program



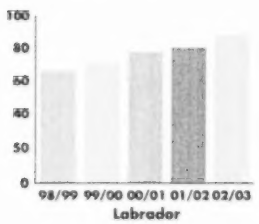
Protective Intervention/ Family Services Number of Children



Protective Intervention/ Family Services Number of Families



Care Giver Homes



• Statistics from Health Labrador Corporation (HLC) are a result of manual statistics and not generated from the Client and Referral Management System (CRMS). HLC did not have access to CRMS at that time.

• The statistics for the Protective Intervention Program and the Family Services Program are combined.

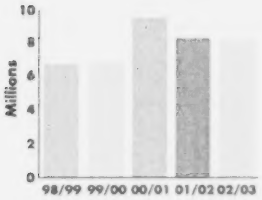
• Youth Services - Non-Residential Program and Residential Programs include youths who were previously In Care/Custody and transferred as of their 16th birthday. Also, the totals for the Youth Services - Residential Program include youths ages 16-21, not just ages 16-18. (As is the case for all other Board totals.)

• Caregiver homes include both non-relative and family/significant other homes in the totals.

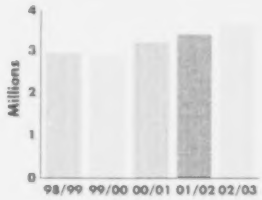
APPENDIX B

Expenditures for Child, Youth and Family Services
Regional and Provincial Totals

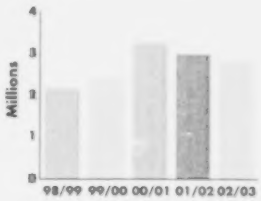
Expenditures for St. John's



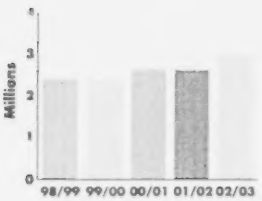
Expenditures for Eastern



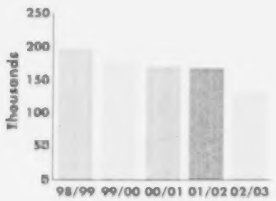
Expenditures for Central



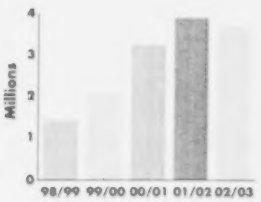
Expenditures for Western



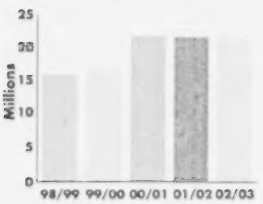
Expenditures for Grenfell



Expenditures for Labrador



Provincial Expenditures



YOUR VIEWS

Here are the questions from the workshop. These pages can be returned by mail to the address provided on page two.

Prevention and Early Intervention

1. What initiatives are occurring to promote the focus on prevention and early intervention in your region?

2. What challenges exist? What are your views regarding how these challenges can be overcome?

3. What further initiatives are required to support a focus on prevention and early intervention?

4. What role should the community (at any level) play and how should communities be engaged?

5. How will we know we have been successful in the area of prevention and early intervention services to children, youth and families?

Family Services

1. What has been the impact of the family service provision for children, youth and families in your region? What initiatives are in place to support these provisions?

2. What are the challenges to providing responsive and accessible services to children, youth and families in your region? What are your views regarding how these challenges can be overcome?

3. How have partnerships among professionals and community-based organizations been developed to support services to children, youth and families in your region? What new partnerships are required?

4. How can the provision of family services to children, youth and their families remain responsive and equitable?

5. How should progress in providing services to children, youth and their families be monitored?

Expansion of Services to Youth (16-17 years)

1. How has the expansion of Youth Services impacted youth and their families in your region?

2. What are the challenges to providing responsive and accessible services to youth in your region? How can these challenges be overcome?

3. What community partnerships have been developed to support services to youth in your region? What new partnerships are required?

4. How can the provision of services to youth and their families remain responsive and equitable?

5. How should progress in providing services to youth be monitored?

Alternate Dispute Resolution

1. What ADR mechanisms (formal or informal) have been used in your region? If so, what were the strengths and limitations of these approaches?

2. What role could ADR have in resolving conflicts resulting from protective intervention cases in your region?

3. What impact would ADR have on children, youth and families in your region?

4. What are the best approaches to developing ADR mechanisms in the province?

Court Provisions

1. What are the issues and challenges in adhering to the legislated time frames and time limits?

2. What must occur to enable consistent compliance with legislated time frames and time limits?

3. Do the time frames and time limits support timely decisions, stability and permanence for children?

Permanency Planning and Placement of Children

1. How does the Act strengthen permanency planning for children?

2. What are the challenges to effective permanency planning? How can these challenges can be overcome?

3. How can progress in permanency planning and facilitating continuity of relationships for children be monitored?

Mandated Interventions

1. Identify any significant shifts in service delivery that occurred under the protective intervention program in your region? What has the impact been?

2. Does Section 14 of the Act clearly define what it means to be a child in need of protective intervention? If not, what challenges are being experienced in this regard? What are your views regarding how these challenges can be overcome?

3. How can progress in assuring the safety, health and well being of a child be monitored?